

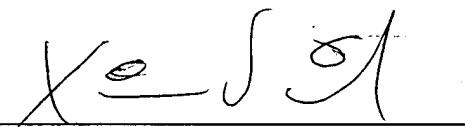


**CERTIFICATE OF MAILING**  
(PATENT APPLICATION)

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By: 

Application of: Bauhahn et al.

Application No.: 09/560,064

Filing Date: April 27, 2000

Title: Patient Directed Therapy Management

Transmitted herewith are the following documents:

- Transmittal Form (1 page) in duplicate
- Fee Transmittal (1 page) in duplicate
- Preliminary Amendment (3 pages)
- Return Postcard

Attorney Case No.: 11738.86893

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PTO/SB/21 (06-00)

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## TRANSMITTAL FORM

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5

|                      |                |
|----------------------|----------------|
| Application Number   | 09/560,064     |
| Filing Date          | April 27, 2000 |
| First Named Inventor | Bauhahn et al. |
| Group Art Unit       | 3736           |
| Examiner Name        | n/a            |

Attorney Docket Number

11738.86893

### ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Response                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <b>Express Mail Certificate</b>  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   | <b>Return Receipt Postcard</b>   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   | <b>RECEIVED</b>  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   | OCT 18 2002  |

Remarks

The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.

TECHNOLOGY CENTER R3200

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |
|-------------------------|---|--|
| Firm or Individual name | Banner & Witcoff, Ltd.<br>Binal J. Patel  |  |
| Signature               |  |  |
| Date                    | October 11, 2002  |  |

### CERTIFICATE OF MAILING

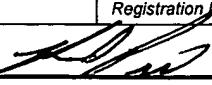
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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| <b>O I P E</b><br><b>TRADEMA</b><br><b>FEE TRANSMITTAL</b><br><b>for FY 2002</b><br><i>Patent fees are subject to annual revision.</i>   |                | <b>Complete If Known</b><br><table border="1"> <tr> <td>Application Number</td> <td>09/560,064</td> </tr> <tr> <td>Filing Date</td> <td>April 27, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Ruth Bauhahn</td> </tr> <tr> <td>Examiner Name</td> <td>n/a</td> </tr> <tr> <td>Group / Art Unit</td> <td>3736</td> </tr> <tr> <td>Attorney Docket No.</td> <td>011738.000088</td> </tr> </table>  |          | Application Number | 09/560,064   | Filing Date     | April 27, 2000 | First Named Inventor | Ruth Bauhahn | Examiner Name | n/a | Group / Art Unit | 3736 | Attorney Docket No. | 011738.000088 |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--|----------------|---|----------|--------------------|--------------|-----------------|----------------|----------------------|--------------|---------------|-----|------------------|------|---------------------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----|-------|-----|------|-----|------|-----|--------|-----|--------|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|-----|-------|-----|-----|-----|----|-----|-------|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Application Number   | 09/560,064     |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Filing Date  | April 27, 2000 |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| First Named Inventor   | Ruth Bauhahn   |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Examiner Name  | n/a            |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Group / Art Unit   | 3736           |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Attorney Docket No.  | 011738.000088  |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                | <i>RECEIVED</i><br><i>OCT 18 2002</i><br><i>TECHNOLOGY CENTER R3700</i>   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 246)  |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |                | <b>FEE CALCULATION</b> (continued)  |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:  |                | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td></td></tr> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> </tbody> </table> |          | Large Entity       | Small Entity | Fee Description | Fee Paid       | Fee Code             | Fee (\$)     | Fee Code (\$) |     | 105              | 130  | 205                 | 65            | 127 | 50  | 227 | 25  | 139 | 130 | 139 | 130 | 147 | 2,520 | 147 | 2,520 | 112 | 920* | 112 | 920* | 113 | 1,840* | 113 | 1,840* | 115 | 110 | 215 | 55 | 116 | 400 | 216 | 200 | 117 | 920 | 217 | 460 | 118 | 1,440 | 218 | 720 | 128 | 1,960 | 228 | 980 | 119 | 320 | 219 | 160 | 120 | 320 | 220 | 160 | 121 | 280 | 221 | 140 | 138 | 1,510 | 138 | 1,510 | 140 | 110 | 240 | 55 | 141 | 1,280 | 241 | 640 | 142 | 1,280 | 242 | 640 | 143 | 460 | 243 | 230 | 144 | 620 | 244 | 310 | 122 | 130 | 122 | 130 | 123 | 50 | 123 | 50 | 126 | 180 | 126 | 180 | 581 | 40 | 581 | 40 | 146 | 740 | 246 | 370 | 149 | 740 | 249 | 370 | 179 | 740 | 279 | 370 | 169 | 900 | 169 | 900 |
| Large Entity   | Small Entity   | Fee Description   | Fee Paid |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Fee Code   | Fee (\$)       | Fee Code (\$)   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 105  | 130            | 205   | 65       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 127  | 50             | 227   | 25       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 139  | 130            | 139   | 130      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 147  | 2,520          | 147   | 2,520    |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 112  | 920*           | 112   | 920*     |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 113  | 1,840*         | 113   | 1,840*   |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 115  | 110            | 215   | 55       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 116  | 400            | 216   | 200      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 117  | 920            | 217   | 460      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 118  | 1,440          | 218   | 720      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 128  | 1,960          | 228   | 980      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 119  | 320            | 219   | 160      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 120  | 320            | 220   | 160      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 121  | 280            | 221   | 140      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 138  | 1,510          | 138   | 1,510    |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 140  | 110            | 240   | 55       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 141  | 1,280          | 241   | 640      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 142  | 1,280          | 242   | 640      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 143  | 460            | 243   | 230      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 144  | 620            | 244   | 310      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 122  | 130            | 122   | 130      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 123  | 50             | 123   | 50       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 126  | 180            | 126   | 180      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 581  | 40             | 581   | 40       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 146  | 740            | 246   | 370      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 149  | 740            | 249   | 370      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 179  | 740            | 279   | 370      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 169  | 900            | 169   | 900      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>FEE CALCULATION</b>   |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td></td></tr> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td></tr> </tbody> </table> |                |   |          | Large Entity       | Small Entity | Fee Description | Fee Paid       | Fee Code             | Fee (\$)     | Fee Code (\$) |     | 101              | 740  | 201                 | 370           | 106 | 330 | 206 | 165 | 107 | 510 | 207 | 255 | 108 | 740   | 208 | 370   | 114 | 160  | 214 | 80   |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Large Entity   | Small Entity   | Fee Description   | Fee Paid |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Fee Code   | Fee (\$)       | Fee Code (\$)   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 101  | 740            | 201   | 370      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 106  | 330            | 206   | 165      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 107  | 510            | 207   | 255      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 108  | 740            | 208   | 370      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 114  | 160            | 214   | 80       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>SUBTOTAL (1)</b> (\$ 0)   |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>39</td> <td>9</td> <td>18</td> <td>162</td> </tr> <tr> <td>5</td> <td>1</td> <td>84</td> <td>84</td> </tr> <tr> <td colspan="2"></td> <td>X</td> <td>0</td> </tr> </tbody> </table>   |                |   |          | Total Claims       | Extra Claims | Fee from below  | Fee Paid       | 39                   | 9            | 18            | 162 | 5                | 1    | 84                  | 84            |     |     | X   | 0   |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Total Claims   | Extra Claims   | Fee from below  | Fee Paid |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 39   | 9              | 18  | 162      |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5  | 1              | 84  | 84       |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|  |                | X   | 0        |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>SUBTOTAL (2)</b> (\$ 246)   |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>Other fee (specify)</b> _____   |                |   |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>*Reduced by Basic Filing Fee Paid</b>   |                | <b>SUBTOTAL (3)</b> (\$ 0)  |          |                    |              |                 |                |                      |              |               |     |                  |      |                     |               |     |     |     |     |     |     |     |     |     |       |     |       |     |      |     |      |     |        |     |        |     |     |     |    |     |     |     |     |     |     |     |     |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |     |       |     |     |     |    |     |       |     |     |     |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |     |    |     |     |     |     |     |    |     |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

\*\*or number previously paid, if greater; For Reissues, see above

|                     |   |                                  |                        |
|---------------------|---|----------------------------------|------------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>  |                        |
| Name (Print/Type)   | Binal J. Patel  | Registration No. Attorney/Agent) | 42,065                 |
| Signature           |  |                                  | Telephone 312.715.1000 |
| Date                | October 11, 2002  |                                  |                        |

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